A	WASIE MARIFEST ICIAIXIO IO I	Manifest Document	10. 2. Pa	_ is not	ation in the shaded areas t required by Federal	
				A. State Manifest Document Number		
	3242 E. Olympic Blvd., Los Angeles, Ca. 90023			86534799 B. State Generator's ID		
	4. Generator's Phone (213) 268-4281 5. Transporter 1 Company Name 6. US EPAID Number			B. State Constitute ID CAX000036483		
	Omega Recovery Services			C. State Transporter's ID 701734		
H	7. Transporter 2 Company Name 6.	C A D 0 4 2 2 4 5 0 0 1		D. Transporter's Phone 21.3/698-0991' E. State Transporter's ID		
	9. Designated Facility Name and Site Address 10. US EPA ID Number			F. Transporter's Phone		
	Omega Chemical Corp.			G. State Facility's ID CAD042245001		
	12504 E. Whittier Blvd.			H. Facility's Phone		
	Whittier, Ca. 90602 C A D 0 4 2 2 4 5 0 0					
1	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID	Number) 12. C		13. Total Quantity	14. Unit Wt/Vol Waste No.	
GENER	a. WASTE CRM-A N.O.S, NA 1693 ORM-A (Flexosolvent)	3			G	
			Br DM	00000	G 211	
A	b.		- Andrews	OLD IV		
O R		١.,				
	C.					
		1.,				
	d.					
		l				
	J. Additional Descriptions for Materials Listed Above			dling Codes for V	Vastea Listed Above	
	PerchLornethylene					
	Perchloroethylene N-Butional + Plata Resin					
	15. Special Handling Instructions and Additional information					
11						
1	*6. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by					
	proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.					
	Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I					
	nave determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
V	PRESTON ROBIN LEDESMA RIGHT	the DV.	2.1	2	Month Day Year	
-	17. Transporter 1 Acknowledgement of Receipt of Materials					
TRANSPORTER	Printed/Typed Name Signature				Month Day Year	
PO	18. Transporter 2 Acknowledgement of Receipt of Materials 18. Transporter 2 Acknowledgement of Receipt of Materials					
RTE	Printed/Typed Name Signat	ıre			Month Day Year	
R	19. Discrepancy Indication Space	The second of th	-			
F	To Proceeding Indication opace			,		
CI				ž.		
FACILITY	20. Facility Owner or Operator: Certification of receipt of hazardous materials coveyed by this manifest except as noted in item 19.					
٧	Printed/Typed Name Signate		2	0	Month Day Year	

DHS 8022 A (11/85) (EPA 8700-22)

534799

98

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

To P Q Box 3000, Sacramento CA 95812